

**INITIATIVE PETITION
TO THE SECRETARY OF STATE
STATE OF NORTH DAKOTA**

We, the undersigned, being qualified electors request the following initiated law be placed on the ballot as provided by law.

SPONSORING COMMITTEE

The following are the names and addresses of the qualified electors of the state of North Dakota who, as the sponsoring committee for the petitioners, represent and act for the petitioners in accordance with law:

Eric Thompson, Chairman
701 110th Ave NW
Bismarck, ND 58503

R D Bain
3305 Montreal St
Bismarck, ND 58503

Gabriel James Benton
17320 86th St SE
Wahpeton, ND 58075

Lynn A. Bergman
225 Riverside Park Road
Bismarck, ND 58504

Terence B. Bjerke
5356 5th Ave N
Grand Forks, ND 58203

Judith D Carlson

2399 - 23rd St NE
Mekinock, ND 58258

John Christopher Deitch
5843 Sundance SQ S.
Fargo, ND 58104

Mark Dosch
509 Cottonwood Loop
Bismarck, ND 58504

Judith A Fettig
1763 Hamburg Dr.
Bismarck, ND 58504

Ken Fettig
1763 Hamburg DR.
Bismarck, ND 58504

Larry L. Gauper
621 Hackberry Drive S.
Fargo, ND 58104

Joe Hauer
1409 - Bayview CT.
Bismarck, ND 58504

Dan Hauschild
Box 172 328 Interstate Blvd
Harwood, ND 58042

Cynthia R. Morse
1758 Hamburg Drive
Bismarck, ND 58504

Clarence F. Olson
4404 9th Avenue Cir. S.
Apt. 202
Fargo, ND 58103-7017

Gloria A. Olson
1801 Catherine DR
Bismarck, ND 58501

Mark S. Owens
5865 Fountain Vista Dr
Grand Forks, ND 58201

Rob Port
1718 5th St SW
Minot, ND 58701

Darwin Reinhardt
225 Sheila Dr.
Beulah, ND 58523

Peder Rice
820 27th St NW
Minot, ND 58703

Randy Richards
1201 15th Ave S A1
Grand Forks, ND 58201

Dan Ruby
4620 46th Ave NW
Minot, ND 58703

Colette Schilling
PO Box 1221
Beulah, ND 58523

John W Scott IV

2855 29th Ave NE
Gilby, ND 58235

Perry Schumacher
1777 Evergreen Way
West Fargo, ND 58078

Troy Ternes
1038 Westwood St.
Bismarck, ND 58504

Blair Thoreson
1246 2nd St N
Fargo, ND 58102-2723

PETITION TITLE

This initiated measure would amend section 43-15-35 of the North Dakota Century Code to remove the requirement that an applicant for a permit to operate a pharmacy must be a licensed pharmacist, a business controlled or owned by licensed pharmacists, or a hospital pharmacy or postgraduate medical residency training program.

FULL TEXT OF THE MEASURE

**IF MATERIAL IS UNDERScored, IT IS NEW MATERIAL WHICH IS BEING ADDED.
IF MATERIAL IS OVERSTRUCK BY DASHES, THE MATERIAL IS BEING DELETED.
IF MATERIAL IS NOT UNDERScored OR OVERSTRUCK, THE MATERIAL IS EXISTING LAW THAT IS NOT BEING CHANGED.**

BE IT ENACTED BY THE PEOPLE OF THE STATE OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-15-35 of the North Dakota Century Code is amended as follows:

43-15-35. Requirements for permit to operate pharmacy—~~Exceptions.~~

- ~~1.~~ The board shall issue a permit to operate a pharmacy, or a renewal permit, upon satisfactory proof of all of the following:
 - ~~a.1.~~ The pharmacy will be conducted in full compliance with existing laws and with the rules and regulations established by the board.
 - ~~b.2.~~ The equipment and facilities of the pharmacy are such that prescriptions can be filled accurately and properly, and United States pharmacopeia and national formulary preparations properly compounded and so that it may be operated and maintained in a manner that will not endanger public health and safety.
 - ~~c.3.~~ The pharmacy is equipped with proper pharmaceutical and sanitary appliances and kept in a clean, sanitary, and orderly manner.
 - ~~d.4.~~ The management of the pharmacy is under the personal charge of a pharmacist duly licensed under the laws of this state.
 - ~~e.~~ ~~The applicant for such permit is qualified to conduct the pharmacy, and is a licensed pharmacist in good standing or is a partnership, each active member of which is a licensed pharmacist in good standing; a corporation or an association, the majority stock in which is owned by licensed pharmacists in good standing; or a limited liability company, the majority membership interests in which is owned by licensed pharmacists in good standing, actively and regularly employed in and responsible for the management, supervision, and operation of such pharmacy.~~

- f.5. Suitable reference sources either in book or electronic data form, are available in the pharmacy or on-line, which might include the United States pharmacopeia and national formulary, the United States pharmacopeia dispensing information, facts and comparisons, micro medex, the American society of health-system pharmacists formulary, or other suitable references pertinent to the practice carried on in the licensed pharmacy.
2. ~~The provisions of subdivision e of subsection 1 do not apply to:~~
- a. ~~The holder of a permit on July 1, 1963, if otherwise qualified to conduct the pharmacy, provided that any such permitholder that discontinues operations under such permit or fails to renew such permit upon expiration is not exempt from the provisions of subdivision e of subsection 1 as to the discontinued or lapsed permit.~~
- b. ~~A hospital pharmacy furnishing service only to patients in that hospital.~~
- c. ~~The applicant for a permit to operate a pharmacy which is a hospital, if the pharmacy for which the hospital seeks a permit to operate is a retail pharmacy that is the sole provider of pharmacy services in the community and is a retail pharmacy that was in existence before the hospital took over operations. A hospital operating a pharmacy under this subdivision may operate the pharmacy at any location in the community.~~
- d. ~~The applicant for a permit to operate a pharmacy which is the owner of a postgraduate medical residency training program if the pharmacy is collocated with and is run in direct conjunction with the postgraduate medical residency training program. For purposes of this subdivision, the postgraduate medical residency training program must be accredited by the accreditation council on graduate medical education or other national accrediting organization.~~

INSTRUCTIONS TO PETITION SIGNERS

You are being asked to sign a petition. You must be a qualified elector. This means you are eighteen years old, you have lived in North Dakota thirty days, and you are a United States citizen. All signers must add their complete residential address or rural route or general delivery address and the date of signing. Every qualified elector signing a petition must do so in the presence of the individual circulating the petition.

QUALIFIED ELECTORS

Month, Day, Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
1.			
2.			

Month, Day, Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Month, Day, Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Month, Day, Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State, Zip Code
31.			
32.			
33.			

STATE OF NORTH DAKOTA)
)ss.
 COUNTY OF _____)
 (county where signed)

I, _____, being sworn, say that I am a qualified elector; that I
 (circulator)
 reside at _____; that each signature contained
 (address)
 on the attached petition was executed in my presence; and that to the best of my knowledge and
 belief each individual whose signature appears on the attached petition is a qualified elector; and
 that each signature contained on the attached petition is the genuine signature of the individual
 whose name it purports to be.

 (signature of circulator)

Subscribed and sworn to before me on _____, 20____, at _____, North
 Dakota. (city)

(NOTARY SEAL / STAMP)

 (signature of notary)

Notary Public

My commission expires _____